

HOUSE BILL 640
By Favors

AN ACT to amend Tennessee Code Annotated, Title 56,
Chapter 7, Part 10, relative to credentialing of
physicians employed by federally-qualified
community health centers for certain purposes.

WHEREAS, since the Federal Bureau of Primary Health Care requires all Federally-
Qualified Health Centers to assess the credentials of each licensed or certified health care
practitioner providing care at the centers to determine that the practitioner meets federal
standards prior to employment; and

WHEREAS, such credentialing requires primary source verification of the current
licensure; relevant education, training or experience; current competence; and health fitness or
the ability to perform the requested privileges; and

WHEREAS, such credentialing further requires secondary source verification of
government issued picture identification; drug enforcement administration registration; hospital
admitting privileges, as applicable; immunization and PPD status; and life support training; and

WHEREAS, with such in depth credentialing requirements already being performed, it is
the sense of this General Assembly that a change should be made in the state law to permit
practitioners working at federally qualified community health centers to be reimbursed for care
rendered to TennCare enrollees from the date such practitioner's application is submitted for
credentialing by a TennCare managed care organization; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by
adding the following as a new section:

56-7-1014.

(a)

(1) A TennCare managed care organization, shall reimburse a physician employed by a federally qualified community health center for care rendered to its enrollees from the date the physician's application was submitted for credentialing with such organization.

(2) As used in this section, the term "federally qualified health center" means such entities as they are defined under Section 1905 and 1861 (aa) of the federal Social Security Act.

(b) If the credentialing application is ultimately denied by the managed care organization, then the duty to reimburse the physician as a network provider shall not apply.

SECTION 2. This act shall take effect July 1, 2005, the public welfare requiring it.